

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90138 041 ****61.25

DOCUMENT # C10174

1. Entity Name
**CORNERSTONE LODGE NO. 386 FREE AND ACCEPTED
MASONS OF FLORIDA**



Principal Place of Business
**ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202 US**

Mailing Address
**ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202 US**

50006910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2421831

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY C
220 OCEAN STREET
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ TD ☐ Delete
NAME **SHEPARD, RICHARD J**
STREET ADDRESS **PO BOX 7591**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 349527591**

TITLE ☒ D ☐ Delete
NAME **HUDSON, STANLEY**
STREET ADDRESS **1680 SW CEFALV CIR**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE ☒ D ☐ Delete
NAME **GOODMAN, JAMES F SR**
STREET ADDRESS **1629 SE OCEAN LANE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34983**

TITLE ☒ SWD ☐ Delete
NAME **MORIATIS, MICHAEL**
STREET ADDRESS **714 NW JORDAN TERR**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34983**

TITLE ☒ D ☐ Delete
NAME **RIGSON, ANDREW C**
STREET ADDRESS **7205 S INDIAN RIVER DR**
CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE ☒ F ☐ Delete
NAME **WENIKRANTZ, STEVEN P**
STREET ADDRESS **551 NW WAVERLY CR**
CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE **WORSHIPFUL MASTER (D) ☒ Change ☐ Addition**
NAME **Michael Allen Moriatis**
STREET ADDRESS **714 NE Jordan Ter**
CITY-ST-ZIP **Port Saint Lucie FL 34983-1272**

TITLE **JUNIOR WARDEN (D) ☒ Addition**
NAME **Harry George Reynolds**
STREET ADDRESS **246 SW Lake Forest Way**
CITY-ST-ZIP **Port Saint Lucie FL 34986-1786**

TITLE **SECRETARY (D) ☒ Addition**
NAME **Steven Paul Weinkrantz**
STREET ADDRESS **551 NW Waverly Cir**
CITY-ST-ZIP **Port Saint Lucie FL 34983-3409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06

Date

772-344-9297

Daytime Phone #